

the chest, neck, and face of the man were swollen to a frightful extent; and in this state, suffering great agony, he died, within an hour and a half of the receipt of the injury.

The *post-mortem examination* discovered a complete rupture of the trachea from the larynx, the latter being uninjured. The separation commenced at the left side of the cricoid cartilage, proceeding to the right as far as the middle of the posterior edge, so that a third part only of the union of the trachea and larynx remained intact. Several of the cartilaginous rings and ligaments of the trachea were ruptured, and it was found filled with coagulated blood. The thyroid, cricoid, and arytenoid cartilages were quite uninjured. The heart was in a normal condition; the lungs were congested, and of an unusually dark colour.

This I regard as a very singular and interesting case; not only from the peculiar nature of the injury sustained, but from the great disproportion of the external wound to the internal damage effected. A slight abrasion of the skin at the edge of the lower jaw was all that could be observed or discovered during life, and yet the autopsy displayed organic dislocation and rupture of so extensive a character that death ensued within an hour and a half of the occurrence of the injury. Whether, had its true nature been at once ascertained, an immediate resort to tracheotomy might have been attended with temporary advantages, may, perhaps, be a question. I say temporary advantage, for, with so serious a displacement, anything approaching to a cure could not, I apprehend, be expected.—*Lancet*, Sept. 6, 1856.

32. *Gunshot Wounds of the Abdomen*.—Dr. GEO. H. B. MACLEOD, in his Notes on the Surgery of the War (*Edinburgh Med. Journal*, Sept., 1856), states that "The abdomen has been severely contused by gunshot 113 times; of which number 25 died in the Crimea, 35 were discharged to duty, 51 were sent to other hospitals or stations in the rear, and two remained in hospital, the result being undetermined at the end of the year. The cavity has been penetrated, and the contents injured, 80 times; and of these 69 died, and the remainder were sent away from the Crimea, it is to be presumed, mostly recovered. Of these 80 cases and 69 deaths, 9 cases only and 5 deaths were injuries of the solid viscera. 41 cases appear in the return as 'doubtful,' 17 of whom died. The contents of the abdomen have been perforated 27 times, with 16 deaths; and of 3 cases which are entered separately, as 'ball lodged in abdomen,' all died. Thus it seems, that while severe wounds of the chest have been more numerous than severe injuries of the abdomen, that the latter have been very much more fatal. The strong aponeurotic wall of the abdomen frequently deflects balls, and causes them to make a greater or less circuit superficially. That these wounds of the walls, if followed by sloughing, as they not unfrequently are, must so weaken the parietes, as to make the patients who have thus suffered, more liable to herniary protrusions than formerly, is extremely probable. Shell wounds of the surface have been those in which extensive sloughing has appeared most commonly. In one case of this nature, nearly the whole parietes of the abdomen disappeared by sloughing. Many of the cases which prove fatal on the field are said to be penetrating wounds of the solid viscera of the abdomen—the hemorrhage is so great and uncontrollable. As the fatal result in wounds of the hollow viscera arises from the extravasation of their contents, their mortality chiefly depends on their extent. Their being early brought under judicious treatment, will save many which appear desperate. In many cases it is impossible to say with certainty whether the ball has traversed the cavity or not, even though the apertures of entrance and exit would appear to leave no other view possible, than that the cavity and its contents have been perforated. Such was the case, particularly in the following instance: A ball struck a Frenchman just above the crest of the ilium, and about four inches from the spine, and escaped close below the inner end of the clavicle of the same side. At the time he was wounded, this soldier was on his knees, as he was rising from the ground on which he had been lying. He had hiccup and considerable prostration for three days, and also an attack of pleurisy, all of which symptoms left him in about a fortnight from the time of

his being injured, and he recovered perfectly. In this case one would suppose, that not only the abdominal cavity, but probably the liver, diaphragm, and lungs, had all been wounded; but yet the slight symptoms which followed would rather show that the ball had run close under the integuments, probably piercing the diaphragm close to its anterior border, and that none of the viscera of the trunk were injured.

"I have heard of one case as having occurred during this war, in which, subsequently to a gunshot wound of the abdomen, the ball was passed by stool during convalescence, but I have been unable to get the fact properly verified. The treatment followed in gunshot wounds of the abdomen has not, so far as I know, in any way differed from that usually pursued. Opium, in full doses after bleeding, has always appeared most to be relied on. I have only notes of three cases of recovery out of a considerable number of instances of penetrating wounds of the abdomen from gunshot, which I saw in the Pera Hospital during the winter of 1854. In one, a fistulous opening existed for a considerable time, below and to the left of the umbilicus, and the other had a similar opening in the left iliac region. In both cases a cure was effected without any surgical interference. In a third case, the ball entered in the dorsal region, and about one and a half inches from the spine on the left side, and escaped on a level with and to the left of the umbilicus. No bad symptom ever arose, except the temporary appearance of a herniary protrusion at the wound in front, which was easily returned."

33. *Gunshot Wound of the Bladder.*—Dr. GEO. H. B. MACLEOD, in his Notes on the Surgery of the War (*Edinburgh Med. Journal*, Sept., 1856), relates the following very remarkable case:—

Griffith, private 57th Regiment, was admitted into this Hospital in June last. A ball had entered his left hip close to the tuber ischii, and escaped on the abdomen, two inches above the symphysis, a little to the right of the middle line. Urine escaped by the anterior opening. A catheter was passed into the bladder and retained there. He had no bad symptoms of any kind for twelve days. His urine passed by the catheter and also by the opening on the abdomen. His pulse remained quiet and his abdomen without uneasiness. His general health was unimpaired, and his bowels acted regularly. The posterior wound, through which urine never passed, closed rapidly. On the twelfth day, he had severe pain in the abdomen, which was, however, relieved by a dose of opium, and he never afterwards had a bad symptom or uneasy feeling, except the irritation occasioned by the urine flowing on the abdomen, which could not be altogether prevented. His urine was loaded with mucus and pus during the period of cure, and he passed several small pieces of bone both by the urethra and by the abdominal wound. At the end of six weeks he could retain his urine, and pass it at pleasure by the natural passage, in a full stream. For a month he had been unable to prevent his urine flowing constantly away. In about two months from the period of his admission the wound on the abdomen was completely closed by the use of nitrate of silver. His strength, which had somewhat failed, was at that time quite restored, and he was walking about the ward convalescent. At this period he passed from under my notice, but I learned that the wound on the abdomen had reopened, and that he could pass his urine, without any pain, through this opening, in a continuous stream, but that untimely, before he went to England, it had permanently closed.

34. *Successful Ligature of the Arteria Innominata.* By M. PEIXOTO.—M. Moura, a distinguished Portuguese Doctor of Medicine, aged thirty-three, was the subject of this case. An erectile tumour of the right ear began to develop itself in 1832, and in 1845, M. Nélaton tied the posterior auricular, considerable hemorrhage following the fall of the ligature. After temporary amendment, the tumour again made great progress, and frequently gave rise to serious hemorrhage; the patient being then at Rio Janeiro, M. Peixoto tied the common carotid in the middle of its course, 14th November, 1851, and on the 27th, surrounded the tumour itself by a ligature, which induced its separation by sloughing. On the 4th December, some bleeding was observed where